

## Interpretative Services Log

Child's Name: _____	DOB: _____	Date Issued _____
Provider Name: _____		Authorization # _____
Address: _____		<i>(Dates on log must match authorization valid dates)</i>
Phone _____	SSN # / Tax ID#: _____	
Service Coordinator Name _____		
Agency _____		

Date of Service	Specific Service Provided	Professional Verification	On-site Time	Off-site Time

<b>TOTAL</b>		
<p><b>Provider:</b> I certify that the above billed services were provided in accordance with the child's IFSP and BabyNet Policies/Procedures. A copy of the BN Family Support Policies/Procedures has been provided to me and I understand that payments for the services above will be reported to the Internal Revenue Service (IRS).</p>		
<p>_____</p> <p><i>Provider Signature:</i></p>	<p>_____</p> <p><i>Date:</i></p>	

INSTRUCTIONS

## Interpretative Services Log

(BN008)

**A. PURPOSE**

The purpose of this form is to document time spent providing language interpretation for BabyNet services.

**B. USES**

This form is to be completed by interpreters when BabyNet services are provided.

**C. Instructions**

1. Child's Name: Enter child's legal name. Do not use nicknames.
2. DOB: Enter child's date of birth.
3. Date Issued: Enter date Transportation Log was issued to parent(s).
4. Provider Name: Enter parent's/provider's name.
5. Provider Address: Enter parent's/provider's address.
6. Provider Phone #: Enter parent's/provider's phone number.
7. Provider SSN#: Enter parent's/provider's Social Security Number.
8. Service Coordinator's Name: Enter Service Coordinator's name.
9. Agency: Enter service Coordinator's agency of employment.
10. Authorization #: Enter Payment Authorization number from corresponding Payment Authorization.
11. Date of Service: Enter date on which interpretation was provided.
12. Specific Service Provided: List BN service for which interpretation was provided.
13. Professional Verification: Signature of service provider at site where interpretation was being provided.  
If phone call, list name of provider initiating call/contact.
14. Onsite Time: List time spent onsite provider interpretation. This does NOT include travel time to and from location.
15. Offsite Time: List time spent offsite providing interpretative services (e.g., telephone calls).
16. Provider Signature: Parent/provider must sign and date form.